

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

				area in the narrative portion of the				
Establishm	ent Name	Tum	Sleweed	7 Telephone Number 812-945-0177	Date of In (mm/dd/y		PERMIT#	
Establishmo	ent Addres State	es (number a	nd street, city, state Jew Albany	502-618-8357	11-	7-19	336	
Owner TW- Indiana, INC					Purpose: 1. Routine	Follow-up Release Date NO 11 days		
Owner's Ac	ddress RiW	r Rd	Suite 200	2. Follow-up Summar		y of Violations:		
Person in C	harge	•	Biffel	4. Pre-Operational	c <u>Ø</u>	NÇ_	_ R_O	
Responsible				5. Temporary 6. HACCP	Мепи Ту	Menu Type (See back of page)		
Certified Fo	ood Manag	ger Erica	u Biffel	7. Other (list)	12	3_V	45	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R		Narrative 1	3/.	_		rrected By
431	NC	05	sermed 9	lust on wall	in mesquite n Ceiling fan		3 day	15
	-	90	ill area	and dust o	n Ceiling fan	s (4)		
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Received by (name and title printed): ERICA Biffel General MANAGER Thomas Snider, EHS Received by (name and title printed): Thomas Snider, EHS								
Received by (signature): Thomas and								
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